## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10628797

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                           |                                                |                                            |                    |                                             |                  |                    |   | SMALL ENTITY TYPE   |                                              |    | OTHER THAN OR SMALL ENTITY |                      |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------|---------------------------------------------|------------------|--------------------|---|---------------------|----------------------------------------------|----|----------------------------|----------------------|-----|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                            |                    |                                             |                  |                    |   | RATE                | FEE                                          | ]  | RATE                       | FEI                  | E   |
| F                                                                                                                                                                                                                                                                                                                                                                                                        | OR                                             |                                            | NUMBER FILED       |                                             | NUMBER EXTRA     |                    |   | BASIC FEI           | 150.00                                       | OR | BASIC FEE                  | 300.0                | 00  |
| Ti                                                                                                                                                                                                                                                                                                                                                                                                       | OTAL CHARGE                                    | ABLE CLAIMS                                | mi                 | nus 20=                                     | •                | _                  |   | X\$ 25=             | <u>.                                    </u> | OR | X\$50=                     |                      |     |
| IN                                                                                                                                                                                                                                                                                                                                                                                                       | DEPENDENT C                                    | LAIMS                                      | , m                | inus 3 =                                    | ``               |                    |   | X100=               |                                              | OR | X200=                      |                      |     |
| M                                                                                                                                                                                                                                                                                                                                                                                                        | JLTIPLE DEPE                                   | NDENT CLAIM P                              | RESENT             |                                             |                  |                    |   | +180=               |                                              | OR | +360=                      |                      |     |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                 |                                                |                                            |                    |                                             |                  |                    | • | TOTAL               |                                              | OR | TOTAL                      |                      |     |
| amdt claims as amended - Par<br>4-28-05 (Column 1) (Colum                                                                                                                                                                                                                                                                                                                                                |                                                |                                            |                    |                                             |                  | (Column 3)         | _ | SMALL               | ENTITY                                       | OR | OTHER<br>SMALL             |                      |     |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                    | HIGHI<br>NUME<br>PREVIO<br>PAID I           | BER              | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE                       |    | RATE                       | ADD<br>TION          | AL  |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Total                                          | . 2                                        | Minus              | • 20                                        | <u> </u>         | -1                 |   | X\$ 25=             | 1                                            | OR | X\$50=                     | 1                    |     |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                                    | · )                                        | Minus              | <b></b> 2                                   | 01.404           | 4                  |   | X100=               | 7                                            | OR | X200=                      |                      |     |
| L                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |                    |                                             |                  |                    |   | +180=               | 1                                            | OR | +360=                      | T                    |     |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                            |                    |                                             |                  |                    |   | TOTAL<br>ADDIT, FEE |                                              | OR | TOTAL<br>ADDIT, FEE        |                      |     |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                            |                    |                                             |                  |                    |   |                     |                                              |    |                            |                      |     |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                              |                                                | CLAIMS REMAINING AFTER AMENDMENT           |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                  | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE                       |    | RATE                       | ADDI<br>TIONA<br>FEE | AL. |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Total                                          | •                                          | Minus              | •• ,                                        |                  | =                  |   | X\$ 25=             |                                              | OR | X\$50=                     |                      | 1   |
| AME                                                                                                                                                                                                                                                                                                                                                                                                      | Independent                                    | •                                          | Minus              | ***                                         |                  | =                  |   | X100=               |                                              | OR | X200=                      |                      | ٦   |
|                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |                    |                                             |                  |                    |   | +180=               |                                              | OR | +360=                      |                      | 7   |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | L                                          | TOTAL<br>DDIT. FEE |                                             | OR ,             | TOTAL<br>ODIT. FEE |   |                     |                                              |    |                            |                      |     |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                            |                    |                                             |                  |                    |   |                     |                                              |    |                            |                      |     |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER,<br>AMENDMENT |                    | HIGHE<br>NUMB<br>PREVIOU<br>PAID F          | ST<br>ER<br>USLY | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE                       |    | RATE                       | ADDI<br>TIONA<br>FEE | L   |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Total                                          | •                                          | Minus              | **                                          |                  | =                  |   | X\$ 25=             |                                              | OR | X\$50=                     |                      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                                    | •                                          | Minus              | ***                                         |                  | =                  |   | X100=               |                                              | OR | X200=                      |                      | 1   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                           |                                                |                                            |                    |                                             |                  |                    |   | +180=               |                                              |    | +360=                      |                      | 7   |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column.1. |                                                |                                            |                    |                                             |                  |                    |   |                     |                                              |    |                            |                      | 1   |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                            |                    |                                             |                  |                    |   |                     |                                              |    |                            |                      | J   |